

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Wybro et al.

Serial No.: 10/788,771

Group No.: 3617

Date Filed: 02/27/2004

For: Riser Pipe Support System and Method

Examiner: Swinehart, Edwin L.

RESPONSE TRANSMITTAL

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

1. Transmittal herewith is an Amendment in response to Office Action dated December 4, 2007, with Petition for a three-month Extension of Time.
2. Applicant is
 - ☐ a small entity.
 - ☒ other than a small entity

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.
 (complete, as applicable)

- ☒ Applicant petitions for an extension of time under 37 C.F.R. § 1.136
 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

| Extension (months) | Fee <u>large entity</u> | Fee for <u>small entity</u> |
|--|----------------------------|--------------------------------|
| <input type="checkbox"/> one month | \$ 120.00 | \$ 60.00 |
| <input type="checkbox"/> two months | \$ 460.00 | \$ 230.00 |
| <input checked="" type="checkbox"/> three months | \$ 1,050.00 | \$ 525.00 |
| <input type="checkbox"/> four months | \$ 1,640.00 | \$ 820.00 |
| <input type="checkbox"/> five months | \$ 2,230.00 | \$ 1115.00 |

Fee: \$ 1,050.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.
- ☒ Extension fee due with this request \$ 1,050.00

OR

- ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

| Claims Remaining After Amendment | Highest No. Previously Paid For | Extra Present | Rate | Added Fee |
|--|---------------------------------|---------------|-----------|-----------|
| Total: 6 | 43 | 0 | \$50/25 | \$0.00 |
| Independent: 3 | 4 | 0 | \$200/100 | \$0.00 |
| First Presentation of Multiple Dependent Claims: | | | \$360/180 | \$0.00 |
| Total Additional Fees: | | | | \$ 0.00 |

(complete (c) or (d), as applicable).

- ☒ No additional fee for claims is required.

OR

- ☐ Total additional fee for claims required \$_____

FEE PAYMENT

5. ☐ Attached is our check in the sum of \$_____

- ☐ Attached is our check in the sum of \$_____ for a petition to revive an application.
- ☒ Charge Account No. 50-0897 (MOD013/145573) the sum of \$ 1,050.00

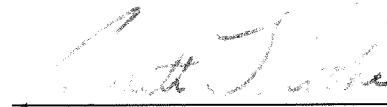
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 50-0897 (MOD013/145573)

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 50-0897 (MOD013/145573)

Date: June 4, 2008



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